



LT Environmental, Inc.

4600 West 60th Avenue  
Arvada, Colorado 80003  
303.433.9788

August 14, 2019

RECEIVED

AUG 21 2019

Enforcement and Compliance  
Assurance Division

United States Environmental Protection Agency Region 8  
Director, Air and Toxics Technical Enforcement Program  
Office of Enforcement, Compliance, and Environmental Justice  
Mail Code 8ENF-AT  
1595 Wynkoop Street  
Denver, Colorado 80202-1129

*WJ*

**RE: NSPS Subpart OOOOa Annual Report  
Shelden Compressor Station  
Thunder Creek Gas Services, LLC**

To Whom It May Concern:

On behalf of Thunder Creek Gas Services, LLC, LT Environmental, Inc. (LTE) is submitting the attached annual report in accordance with 40 Code of Federal Regulations (CFR) New Source Performance Standard (NSPS) Subpart OOOOa. This report covers the June 7, 2018, through June 6, 2019, reporting period for the Shelden Compressor Station. Attachment 1 includes the appropriate portions of the EPA provided reporting template, and the signed certification of completeness by a responsible official is in Attachment 2.

Please do not hesitate to contact me at (303) 962-5537 or [gfast@ltenv.com](mailto:gfast@ltenv.com) if you have any questions or require additional information.

Sincerely,

LT ENVIRONMENTAL, INC.

(b) (6)

Ginger Fast  
Project Air Quality Scientist

cc: Mr. Brian Peters — TCGS Denver (electronic file)  
Mr. Hayden Truscott — TCGS Denver (electronic file)  
Ms. Ashley Campsie — Evergreen Environmental Engineering (electronic file)

Attachments:

Attachment 1 NSPS OOOOa Annual Report  
Attachment 2 Certification by Responsible Official





## ATTACHMENT 1: NSPS OOOOa ANNUAL REPORT

The asterisk (\*) next to each field indicates that the corresponding field is required.

[illegible]

40 CFR Part 60 - Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015 - 60.5420a(b) Annual Report  
For each reciprocating compressor affected facility, an owner or operator must include the information specified in paragraphs (b)(4)(i) and (ii) of this section in all annual reports:

The asterisk (\*) next to each field indicates that the corresponding field is required.

Facility Record No. * (Select from dropdown list - may need to scroll up)	Compressor ID * (\$60.5420a(b)(1)(ii))	Are emissions from the rod packing unit being routed to a process through a closed vent system under negative pressure? * (\$60.5420a(b)(4)(i))	If emissions are not routed to a process through a closed vent system under negative pressure, what are the cumulative number of hours or months of operation since initial startup or the previous rod packing replacement (whichever is later)? * (\$60.5420a(b)(4)(i))	Units of Time Measurement * (\$60.5420a(b)(4)(i))	Deviations where the reciprocating compressor was not operated in compliance with requirements* (\$60.5420(b)(4)(ii) and \$60.5420a(c)(3)(iii))
e.g.: Comp-12b	e.g.: no	e.g.: 2	e.g.: months	e.g.: Rod packing replacement exceeded 36 months. Replacement occurred after 37 months.	
1 FB-B (ENG007)	No		5 months	None	

For the collection of hygiene activities components at each work site and the collection of hygiene activities components at each compressor station within the company defined area, an owner or operator must include the records of each monitoring survey including the information specified in paragraph (b)(7)(G) through (h) of this section in all annual reports.

The Journal of the American Medical Association is not responsible for the content or consequences of any advertisements published in this journal.

Facility Record No. * (United States Department of Energy www.eis.doe.gov)	Identification of Each Facility (Section 401(a)(2)(C))	Date of January * (0001-01-01/0001-01-01)	Turnover Begin Time * (00:01-01:00/00:01-01:00)	Turnover End Time * (00:01-01:00/00:01-01:00)	Volume of Release * (000-00000/000-00000)	Air Temperature (000-0000/000-0000)	Site Location(s) During (000-000000/000-000000)	Maximum Wind Speed During Turn (000-00000/000-00000)	Monitoring Instrument Used * (000-00000/000-00000)	Locations From Monitoring Point (0000, 0000000) * (000-000000/000-000000)	Type of Complaint (if Any) (000-00000/000-00000)	Number of Each Complaint Type for which Negative Emissions Detected * (000-00000/000-00000)	*Type of Complaint Add Should be Reported as 000-00000/000-00000	Number of Each Complaint Type Reported as Required, i.e. 000-00000/000-00000
e.g., W99-524-000	e.g., 001/01/01	e.g., 01/01/01	e.g., 01:00 AM	e.g., 01:00 PM	e.g., 000 TPD	e.g., 00000/00000	e.g., South of the River, e.g., 10 mi	e.g., Company ABC Offshore gas processing	e.g., Name	e.g., 0000	e.g., 0000	e.g., 0	e.g., 0000	e.g., 1
1. Shellfish Compressor	8/16/2018	01:00 AM	10:05 AM	01:00 AM	01:00 AM	01:00 AM	Cloudy	8 mph	QAD (010)	Name	Pressure relief device	1	0000	1
1. Shellfish Compressor	8/16/2018	01:00 AM	10:05 AM	01:00 AM	01:00 AM	01:00 AM	Cloudy	8 mph	QAD (010)	Name	Pressure relief device	1	0000	1
1. Shellfish Compressor	8/16/2018	01:00 AM	10:05 AM	01:00 AM	01:00 AM	01:00 AM	Cloudy	8 mph	QAD (010)	Name	Pressure relief device	1	0000	1
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Company Information										DRI		Compliance Status (Affected Facility Only)	
Type of Offshore Master Component Module <sup>1</sup> (SAG 1432636750)	Number of Each Offshore Master Component Type Module <sup>2</sup> (SAG 1432636750)	Type of Onshore As-Master Component Module <sup>3</sup> (SAG 1432636750)	Number of Each Onshore As-Master Component Type Module <sup>4</sup> (SAG 1432636750)	Date of Successful Review of Pigtail <sup>5</sup> As-Master Component Complaint <sup>6</sup> (SAG 1432636750)	Type of Component Based on Date of Review <sup>7</sup> (SAG 1432636750)	Number of Each Component Type Based on Date of Review <sup>8</sup> (SAG 1432636750)	Declaration for Delay of Repair <sup>9</sup> (SAG 1432636750)	Type of Treatment used to Removes Used (SAG 1432636750)	Type of Treatment used to Removes Used (SAG 1432636750)	Training and Experience of Surveyor <sup>10</sup> (SAG 1432636750)	Was a monitoring survey conducted under S (SAG 1432636750)	If a monitoring survey was conducted, the monitoring month that rate is the surveyed monitoring period for which the monitoring survey was performed (SAG 1432636750)	
SAG Title	SAG 1	SAG Value	SAG 2	SAG 13/2018	SAG Value	SAG 1	SAG Value to report with next submission	SAG Company ABC optional page number	SAG Training Description: completed 40 hour course at 212 Training Center, Nov. 23 years of experience with DRI	SAG 10	SAG 10	SAG January, February, and March	
N/A	N/A	N/A	0	9/5/2018 N/A	N/A	N/A	N/A	Method 1: Section 8.3.3.1	1 years of experience conducting DRI surveys	N/A	N/A	N/A	
N/A	N/A	N/A	0	9/5/2018 N/A	N/A	N/A	N/A	Method 2: Section 8.3.3.1	1 years of experience conducting DRI surveys	N/A	N/A	N/A	
N/A	N/A	N/A	0	9/5/2018 N/A	N/A	N/A	N/A	Method 3: Section 8.3.3.1	1 years of experience conducting DRI surveys	N/A	N/A	N/A	
N/A	N/A	N/A	0	9/5/2018 N/A	N/A	N/A	N/A	N/A	1 years of experience conducting DRI surveys	N/A	N/A	N/A	
N/A	N/A	N/A	0	10/1/2018 N/A	N/A	N/A	N/A	Method 2: Section 8.3.3.1	1 years of experience conducting DRI surveys	N/A	N/A	N/A	
N/A	N/A	N/A	0	10/10/2018 N/A	N/A	N/A	N/A	N/A	1 years of experience conducting DRI surveys	N/A	N/A	N/A	
N/A	N/A	N/A	0	10/20/2018 N/A	N/A	N/A	N/A	N/A	2 years of experience conducting DRI surveys	N/A	N/A	N/A	
N/A	N/A	N/A	0	6/1/2018 N/A	N/A	N/A	N/A	N/A	1 years of experience conducting DRI surveys	N/A	N/A	N/A	
N/A	N/A	N/A	0	5/1/2018 N/A	N/A	N/A	N/A	N/A	1 years of experience conducting DRI surveys	N/A	N/A	N/A	
N/A	N/A	N/A	0	5/1/2018 N/A	N/A	N/A	N/A	Method 1: Section 8.3.3.1	1 years of experience conducting DRI surveys	N/A	N/A	N/A	
N/A	N/A	N/A	0	5/1/2018 N/A	N/A	N/A	N/A	N/A	1 years of experience conducting DRI surveys	N/A	N/A	N/A	



## ATTACHMENT 2: CERTIFICATION BY RESPONSIBLE OFFICIAL

**Responsible Official**

Name: (Last) Peters (First) Brian (MI) \_\_\_\_\_

Title: Vice President - Engineering and Construction

Street or P.O. Box: 1331 Seventeenth Street, Suite 1100

City Denver State CO ZIP 80202

Telephone (720) 330 - 8269 Ext. \_\_\_\_\_ Facsimile (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Certification of Truth, Accuracy and Completeness**

(to be signed by the responsible official)

I certify under penalty of law, based on information and belief formed after reasonable inquiry, the statements and information contained in these documents are true, accurate and complete. (b) (6)

Name (signed) \_\_\_\_\_

Name (typed) Brian Peters Date: 8 / 19 / 19